

STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
BOXING & RACING DIVISION  
500 JAMES ROBERTSON PARKWAY  
2<sup>ND</sup> FLOOR, DAVY CROCKETT TOWER  
NASHVILLE, TENNESSEE 37243  
615-741-1741  
(FAX) 615-253-1179  
[www.state.tn.us/commerce/boards/boxing](http://www.state.tn.us/commerce/boards/boxing)

**FOURTEEN (14) DAY NOTICE OF PROFESSIONAL BOXING MATCHES**

Date: \_\_\_\_\_

In accordance with Tenn. Code Ann. §68-115-202(b), which reads "*No professional boxing or sparring match or exhibition shall be held in this state unless the licensed promoter(s) thereof furnishes written notice of the details of such match or exhibition to the commissioner at least fourteen (14) days before the scheduled date thereof*" and Rule 0780-5-1-.03, notice is hereby submitted to the Commissioner of the Department of Commerce & Insurance, Division of Regulatory Boards that the following professional boxing match(es) are scheduled to be held:

**On:** \_\_\_\_\_, 20\_\_ **at** \_\_\_\_\_ **in the** \_\_\_\_\_ **located at:**  
(Date) (Time) (Building)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

***\*This form must be completed and signed by the promoter of Event\****

**Main Event**

**Name:** \_\_\_\_\_ **vs. Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip) (City) (State) (Zip)

**Home Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Number of Rounds:** \_\_\_\_\_ **Weight Classification:** \_\_\_\_\_

**Manager:** \_\_\_\_\_ **Manager:** \_\_\_\_\_

## Preliminary Bouts

1. Name: \_\_\_\_\_ vs. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip) (City) (State) (Zip)

Number of Rounds: \_\_\_\_\_ Weight Classification: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Manager: \_\_\_\_\_ Manager: \_\_\_\_\_

2. Name: \_\_\_\_\_ vs. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Number of Rounds: \_\_\_\_\_ Weight Classification: \_\_\_\_\_

Manager: \_\_\_\_\_ Manager: \_\_\_\_\_

3. Name: \_\_\_\_\_ vs. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Number of Rounds: \_\_\_\_\_ Weight Classification: \_\_\_\_\_

Manager: \_\_\_\_\_ Manager: \_\_\_\_\_

4. Name: \_\_\_\_\_ vs. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip) (City) (State) (Zip)

Number of Rounds: \_\_\_\_\_ Weight Classification: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Manager: \_\_\_\_\_ Manager: \_\_\_\_\_

5. Name: \_\_\_\_\_ vs. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Number of Rounds: \_\_\_\_\_ Weight Classification: \_\_\_\_\_

Manager: \_\_\_\_\_ Manager: \_\_\_\_\_

6. Name: \_\_\_\_\_ vs. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Number of Rounds: \_\_\_\_\_ Weight Classification: \_\_\_\_\_

Manager: \_\_\_\_\_ Manager: \_\_\_\_\_

**7. Name:**\_\_\_\_\_ **vs. Name:**\_\_\_\_\_

**Address:**\_\_\_\_\_ **Address:**\_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip) (City) (State) (Zip)

**Number of Rounds:**\_\_\_\_\_ **Weight Classification:**\_\_\_\_\_

**Home Phone:**\_\_\_\_\_ **Home Phone:**\_\_\_\_\_

**Cell Phone:**\_\_\_\_\_ **Cell Phone:**\_\_\_\_\_

**Email:**\_\_\_\_\_ **Email:**\_\_\_\_\_

**Manager:**\_\_\_\_\_ **Manager:**\_\_\_\_\_

**8. Name:**\_\_\_\_\_ **vs. Name:**\_\_\_\_\_

**Address:**\_\_\_\_\_ **Address:**\_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip) (City) (State) (Zip)

**Home Phone:**\_\_\_\_\_ **Home Phone:**\_\_\_\_\_

**Cell Phone:**\_\_\_\_\_ **Cell Phone:**\_\_\_\_\_

**Email:**\_\_\_\_\_ **Email:**\_\_\_\_\_

**Number of Rounds:**\_\_\_\_\_ **Weight Classification:**\_\_\_\_\_

**Manager:**\_\_\_\_\_ **Manager:**\_\_\_\_\_

**Ring Officials**  
(List Names)

**Judges:**


**Referee(s):**

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**Time Keeper(s):**

**Physician(s):**

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**IMPORTANT NOTICE:**

By completing this fourteen (14) day notice and signing below the promoter acknowledges the State of Tennessee requirement of health insurance of not less than \$10,000 as specified by Administrative Rule 0780-5-1-.26(5).

\_\_\_\_\_  
(Printed Name of Promoter)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Tennessee Promoter's License Number)

**IMPORTANT NOTICE:**

By completing this fourteen (14) day notice and signing below the promoter acknowledges the State of Tennessee requirement of health insurance of not less than \$10,000 as specified by Administrative Rule 0780-5-1-.26(5).

\_\_\_\_\_  
(Printed Name of Co-Promoter)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Tennessee Promoter's License Number)

**\*\*ALL CHANGES MUST BE RE-SUBMITTED ON THIS FORM TO THE  
TENNESSEE BOXING PROGRAM AND APPROVED BY THE  
COMMISSIONER PRIOR TO BOUT.**